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13281 U.S. PTO

PTO/SB/05 (08-03)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No.    | YOR920030595US1<br>CBLH/20140-00318-US  |
|  | First Inventor         | Stephen M. Gates et al.   |
|  | Title                  | STRUCTURES AND METHODS FOR<br>INTERGRATION OF ULTRALOW-K DIELECTRICS<br>WITH IMPROVED RELIABILITY |
|  | Express Mail Label No. |   |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)  |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>30</b> ]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table,<br/>or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> | a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>4</b> ]  | <b>ACCOMPANYING APPLICATION PARTS</b>   |
| 5. Oath or Declaration [Total Sheets <b>3</b> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 18 completed)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application,<br>see 37 CFR 1.63(d)(2) and 1.33(b).   | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: <input type="text"/> |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

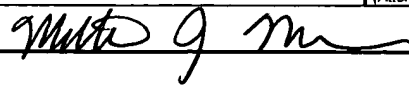
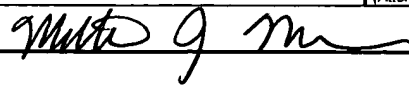
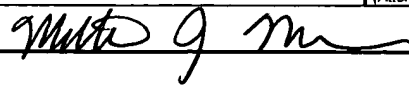
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| Name (Print/Type) | Matthew J. Mason        | Registration No. (Attorney/Agent) | 44,904            |
| Signature         | <i>Matthew J. Mason</i> | Date                              | February 19, 2004 |

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| Effective 10/01/2003, Patent fees are subject to annual revision.   |          |   |          | Application Number   |                | Not Yet Assigned                       |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
|   |          |   |          | Filing Date  |                | Concurrently Herewith                  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
|   |          |   |          | First Named Inventor   |                | Stephen M. Gates et al.                |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
|   |          |   |          | Examiner Name  |                | Not Yet Assigned                       |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
|   |          |   |          | Art Unit   |                | N/A                                    |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |          |   |          | Attorney Docket No.  |                | YOR920030595US1<br>CBLH/20140-00318-US |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| TOTAL AMOUNT OF PAYMENT (\$)  |          |   |          | 1,044.00   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| METHOD OF PAYMENT (check all that apply)  |          |   |          | FEE CALCULATION (continued)  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None   |          |   |          | 3. ADDITIONAL FEES   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">50-0510</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">IBM CORPORATION (YORKTOWN)</span><br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. |          |   |          | <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1) (\$)</td> <td colspan="2" style="text-align: right;">770.00</td> <td colspan="2"></td> </tr> <tr> <th colspan="4" style="text-align: center; font-weight: bold;">1. BASIC FILING FEE</th> <th colspan="4"></th> </tr> <tr> <td colspan="2">Large Entity</td> <td colspan="2">Small Entity</td> <td rowspan="2">Fee Description</td> <td rowspan="2">Fee Paid</td> <td colspan="2"></td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td><td colspan="2"></td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td><td colspan="2"></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td><td colspan="2"></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td><td colspan="2"></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td><td colspan="2"></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1) (\$)</td> <td colspan="2" style="text-align: right;">770.00</td> <td colspan="2"></td> </tr> <tr> <th colspan="4" style="text-align: center; font-weight: bold;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</th> <th colspan="4"></th> </tr> <tr> <td colspan="2">Total Claims</td> <td colspan="2">-20** =</td> <td>Extra Claims</td> <td>Fee from below</td> <td colspan="2">Fee Paid</td> </tr> <tr> <td colspan="2">33</td> <td colspan="2"></td> <td>13</td> <td>x 18.00</td> <td colspan="2">= 234.00</td> </tr> <tr> <td colspan="2">Independent Claims</td> <td colspan="2">-3** =</td> <td></td> <td>x</td> <td colspan="2">= 0.00</td> </tr> <tr> <td colspan="2">3</td> <td colspan="2"></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td colspan="2"></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Large Entity</td> <td colspan="2">Small Entity</td> <td rowspan="2">Fee Description</td> <td rowspan="2">Fee Paid</td> <td colspan="2"></td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td><td colspan="2"></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td><td colspan="2"></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td><td colspan="2"></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td><td colspan="2"></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td><td colspan="2"></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2) (\$)</td> <td colspan="2" style="text-align: right;">234.00</td> <td colspan="2"></td> </tr> <tr> <td colspan="8">**or number previously paid, if greater; For Reissues, see above</td> </tr> <tr> <td colspan="4" style="text-align: center; font-weight: bold;">SUBMITTED BY</td> <td colspan="4" style="text-align: center; font-weight: bold;">(Complete if applicable)</td> </tr> <tr> <td colspan="2">Name (Print/Type)</td> <td colspan="2">Matthew J. Mason</td> <td colspan="2">Registration No. (Attorney/Agent)</td> <td colspan="2">44,904</td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="2"></td> <td colspan="2">Telephone</td> <td colspan="2">(202) 331-7111</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">Date</td> <td colspan="2">February 19, 2004</td> </tr> </tbody> </table> |                |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  |  | SUBTOTAL (1) (\$) |  |  |  | 770.00 |  |  |  | 1. BASIC FILING FEE |  |  |  |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid |  |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | Utility filing fee | 770.00 |  |  | 1002 | 340 | 2002 | 170 | Design filing fee |  |  |  | 1003 | 530 | 2003 | 265 | Plant filing fee |  |  |  | 1004 | 770 | 2004 | 385 | Reissue filing fee |  |  |  | 1005 | 160 | 2005 | 80 | Provisional filing fee |  |  |  | SUBTOTAL (1) (\$) |  |  |  | 770.00 |  |  |  | 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE |  |  |  |  |  |  |  | Total Claims |  | -20** = |  | Extra Claims | Fee from below | Fee Paid |  | 33 |  |  |  | 13 | x 18.00 | = 234.00 |  | Independent Claims |  | -3** = |  |  | x | = 0.00 |  | 3 |  |  |  |  |  |  |  | Multiple Dependent |  |  |  |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid |  |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  |  |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  |  |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  |  |  | 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |  |  |  | 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |  |  |  | SUBTOTAL (2) (\$) |  |  |  | 234.00 |  |  |  | **or number previously paid, if greater; For Reissues, see above |  |  |  |  |  |  |  | SUBMITTED BY |  |  |  | (Complete if applicable) |  |  |  | Name (Print/Type) |  | Matthew J. Mason |  | Registration No. (Attorney/Agent) |  | 44,904 |  | Signature |  |  |  | Telephone |  | (202) 331-7111 |  |  |  |  |  | Date |  | February 19, 2004 |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid       |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1051  | 130      | 2051  | 65       | Surcharge - late filing fee or oath  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1052  | 50       | 2052  | 25       | Surcharge - late provisional filing fee or cover sheet.  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1053  | 130      | 1053  | 130      | Non-English specification  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1812  | 2,520    | 1812  | 2,520    | For filing a request for <i>ex parte</i> reexamination   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1804  | 920*     | 1804  | 920*     | Requesting publication of SIR prior to Examiner action   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1805  | 1,840*   | 1805  | 1,840*   | Requesting publication of SIR after Examiner action  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1251  | 110      | 2251  | 55       | Extension for reply within first month   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1252  | 420      | 2252  | 210      | Extension for reply within second month  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1253  | 950      | 2253  | 475      | Extension for reply within third month   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1254  | 1,480    | 2254  | 740      | Extension for reply within fourth month  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1255  | 2,010    | 2255  | 1,005    | Extension for reply within fifth month   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1401  | 330      | 2401  | 165      | Notice of Appeal   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1402  | 330      | 2402  | 165      | Filing a brief in support of an appeal   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1403  | 290      | 2403  | 145      | Request for oral hearing   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1451  | 1,510    | 1451  | 1,510    | Petition to institute a public use proceeding  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1452  | 110      | 2452  | 55       | Petition to revive - unavoidable   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1453  | 1,330    | 2453  | 665      | Petition to revive - unintentional   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1501  | 1,330    | 2501  | 665      | Utility issue fee (or reissue)   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1502  | 480      | 2502  | 240      | Design issue fee   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1503  | 640      | 2503  | 320      | Plant issue fee  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1460  | 130      | 1460  | 130      | Petitions to the Commissioner  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1807  | 50       | 1807  | 50       | Processing fee under 37 CFR 1.17(q)  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1806  | 180      | 1806  | 180      | Submission of Information Disclosure Stmt  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 8021  | 40       | 8021  | 40       | Recording each patent assignment per property (times number of properties)   | 40.00          |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1809  | 770      | 2809  | 385      | Filing a submission after final rejection (37 CFR 1.129(a))  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1810  | 770      | 2810  | 385      | For each additional invention to be examined (37CFR 1.129(b))  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1801  | 770      | 2801  | 385      | Request for Continued Examination (RCE)  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1802  | 900      | 1802  | 900      | Request for expedited examination of a design application  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Other fee (specify)   |          |   |          |  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| SUBTOTAL (1) (\$)   |          |   |          | 770.00   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1. BASIC FILING FEE   |          |   |          |  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid       |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1001  | 770      | 2001  | 385      | Utility filing fee   | 770.00         |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1002  | 340      | 2002  | 170      | Design filing fee  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1003  | 530      | 2003  | 265      | Plant filing fee   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1004  | 770      | 2004  | 385      | Reissue filing fee   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1005  | 160      | 2005  | 80       | Provisional filing fee   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| SUBTOTAL (1) (\$)   |          |   |          | 770.00   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   |          |   |          |  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Total Claims  |          | -20** =   |          | Extra Claims   | Fee from below | Fee Paid                               |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 33  |          |   |          | 13   | x 18.00        | = 234.00                               |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Independent Claims  |          | -3** =  |          |  | x              | = 0.00                                 |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 3   |          |   |          |  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Multiple Dependent  |          |   |          |  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid       |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1201  | 86       | 2201  | 43       | Independent claims in excess of 3  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1203  | 290      | 2203  | 145      | Multiple dependent claim, if not paid  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1204  | 86       | 2204  | 43       | ** Reissue independent claims over original patent   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| SUBTOTAL (2) (\$)   |          |   |          | 234.00   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| **or number previously paid, if greater; For Reissues, see above  |          |   |          |  |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| SUBMITTED BY  |          |   |          | (Complete if applicable)   |                |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Name (Print/Type)   |          | Matthew J. Mason  |          | Registration No. (Attorney/Agent)  |                | 44,904                                 |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
| Signature   |          |  |          | Telephone  |                | (202) 331-7111                         |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |
|   |          |   |          | Date   |                | February 19, 2004                      |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |                   |  |  |  |        |  |  |  |                     |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |     |      |     |                    |        |  |  |      |     |      |     |                   |  |  |  |      |     |      |     |                  |  |  |  |      |     |      |     |                    |  |  |  |      |     |      |    |                        |  |  |  |                   |  |  |  |        |  |  |  |   |  |  |  |  |  |  |  |              |  |         |  |              |                |          |  |    |  |  |  |    |         |          |  |                    |  |        |  |  |   |        |  |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |              |  |              |  |                 |          |  |  |          |          |          |          |      |    |      |   |                        |  |  |  |      |    |      |    |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |    |      |    |  |  |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |                          |  |  |  |                   |  |                  |  |                                   |  |        |  |           |  |   |  |           |  |                |  |  |  |  |  |      |  |                   |  |